



APPLICATIONS ACCESS FORM

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
PROVIDER SUPPORT OFFICE

REQUEST TYPE

Effective Date 04 / 04 / 2014	<input type="checkbox"/> Add New User	<input checked="" type="checkbox"/> Update Existing User	<input type="checkbox"/> Add Reporting Unit <input type="checkbox"/> Delete Reporting Unit <input type="checkbox"/> Name Change	<input type="checkbox"/> Add Role <input type="checkbox"/> Delete Role Unit <input type="checkbox"/> Termination	<input checked="" type="checkbox"/> Add User Access <input type="checkbox"/> Delete User Access
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EMPLOYEE STATUS

☐ DMH Permanent ☐ DMH Temporary ☐ FFS IP ☐ FFS OP ☐ MHSA ☒ NGA ☐ DHS

APPLICATION INFORMATION

User/Logon ID C123456	Last Name Miller	First Name Candace	MI	Last 4 Digits of SSN 4114	
Date of Birth MM/DD 10/23	Sex Code F	Ethnicity Code 01	Handicap Code 00	Language Code 01	Name of Facility/Bureau/FFS Network Provider/Pharmacy Carson Community Mental Health
Program Name/Unit CCMH Day Services		Address 21919 S. Avalon Blvd.		Suite/Floor 200	
City Carson	State CA	Zip Code 90746	Phone Number 310-516-1212	E-Mail Address cjmiller@ccmh.org	

ROLE(S)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Provider using Web Services? ☒ Yes ☐ No

SELECT CLASS CODE & AUTHORIZED PROVIDER NO.

DMH Provider No(s) <input type="text"/>	NGA Legal Entity No. 1040
DHS Provider No(s) <input type="text"/>	FFS Provider No. <input type="text"/>



SELECT APPLICATION ACCESS

<input type="checkbox"/> Integrated System	<input type="checkbox"/> STAR	<input checked="" type="checkbox"/> Provider Connect*	<input type="checkbox"/> PRM*	Other (please specify)
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The following forms must be signed and sent with this document:

☒ COLA Agreement for Acceptable Use ☒ Oath of Confidentiality ☒ E-Signature Agreement

SIGNATURES

Applicant Name Candace Miller	Signature 	Date Completed 4/28/14
Contact (Print Name) Nicole Smith	Phone Number 310 516-1212	Date Completed 4/28/14
Program Head/Authorized Designee (Print Name) Drew Downs	Signature 	Date Completed 4/28/14

FOR PSO USE ONLY

User ID	HEAT Call Ticket	Date Received
Processed By	Remarks	Date Completed

*Provider Connect or PRM User Access?

Scan and Email forms to:
DMHPSO@dmh.lacounty.gov

User Access for all other Applications?

Mail all forms to:
DMH PSO Systems Access Unit
695 S. Vermont Avenue
Los Angeles, CA 90005